Healthcare Funding Opportunities for the 2026-27 Funding Cycle – A Practical, Call-by-Call Guide

Are you a pharma, MedTech or digital-health SME, a research organisation, or perhaps a clinical entity looking for funding for your next project, or to bring your product closer to the market? At Nordic Innovators, we are well aware of how difficult it can be to identify the *right* opportunity in a crowded and fast-moving European funding landscape.

The **2026 funding cycle is one of the most substantial funding cycles in years for healthcare**. It spans early discovery, translational research, clinical validation, system-level implementation and full deployment. This blog is not intended as a passive overview, but as an active guide. As you read through it, we encourage you to continuously ask yourself:

***"Is this where my project is right now? or where I want it to be next?" b*ecause this question matters more than any individual call.**

Initial checkpoint: where are you on the TRL scale?

Before looking at specific programmes, it is worth pausing for a short reality check. Most unsuccessful applications fail not because the idea is weak, but because the **Technology Readiness Level (TRL) does not match the call**.

If your work is still focused on early mechanisms, hypotheses or proof of concept, you are likely operating around TRL 1–3. If you are building and validating prototypes or testing initial interventions, you are probably closer to TRL 4–5. Projects involving demonstration, clinical validation or real-world pilots usually sit at TRL 6–7, while full deployment, scale-up and integration into health systems typically require TRL 8–9.

Having a firm grip of your TRL in mind, the funding landscape becomes much clearer.

Horizon Europe – Health Cluster 1

If you are developing new knowledge, tools, or interventions for healthcare, the Health Cluster 1 under Horizon Europe is usually the first programme to examine. It is deliberately broad, but not vague. Rather than funding isolated technologies, it targets **complex health problems that require multidisciplinary, international consortia**.

The architecture of the Health Cluster remains rooted in six "Destinations", each focusing on specific societal impacts:

• **Destination 1: Staying healthy in a rapidly changing society** [HORIZON-HLTH-2026-01-STAYHLTH**].** This destination prioritizes disease prevention and healthier lifestyles.

• **Destination 2: Living and working in a health-promoting environment** [HORIZON-HLTH-2026-01-ENVHLTH] A major focus here is the health-climate change nexus.

• **Destination 3: Tackling diseases and reducing disease burden** [HORIZON-HLTH-2026-01-DISEASE} This area addresses both communicable and non-communicable diseases.

• **Destination 4: Ensuring equal access to high-quality healthcare** [HORIZON-HLTH-2026-01-CARE] This destination focuses on health system resilience and sustainability. It specifically targets identifying "low-value care" to improve financial and clinical efficiency.

• **Destination 5: New tools, technologies, and digital solutions** [HORIZON-HLTH-2026-01-TOOL] Innovation is at the forefront here, with significant funding for New Approach Methodologies (NAMs) in biomedical research and regenerative medicine.

• **Destination 6: Maintaining a competitive EU health industry** [HORIZON-HLTH-2026-01-IND] To ensure **technological sovereignty**, this destination supports regulatory science and the adoption of breakthrough technologies.

In 2026, **cardiovascular disease and other non-communicable diseases** feature strongly. Here, the EU is clearly pushing beyond description and into implementation and scale-up. Topics address prevention, risk stratification, personalised management and health-system uptake. These calls often sit exactly in the space, where you have the with established evidence and exiting with solutions ready to be embedded into care pathways. (HORIZON-HLTH-2026-01-DISEASE-09,11,15; STAYHLTH-02; other similar calls are for 2027 - DISEASE 10; TOOL-01)

Infectious diseases and pandemic preparedness have a sharper focus than in previous years. Instead of broad surveillance concepts, 2026 topics emphasise tangible outputs such as novel vaccines, antiviral strategies and preparedness tools that can plausibly be advanced towards clinical use. Projects are expected to enter with credible preclinical or translational foundations and exit with clear evidence of feasibility. [HORIZON-HLTH-2026-01-DISEASE-03,04; other similar calls are scheduled for 2027 – DISEASE-05,06,07,08]

A strong emphasis is placed on **mental health** as well, particularly where digital technologies intersect with wellbeing. Projects addressing the unintended effects of digital environments on children, adolescents or young adults, or developing evidence-based digital interventions that reduce rather than exacerbate mental health risks, are well aligned. It is a RIA call so the TRL follows the same pattern as RIAs and the projects are expected to exit with validated intervention models or decision frameworks, rather than ready-to-deploy products. (HORIZON-HLTH-2026-01-DISEASE-02)

Another major strand focuses on **climate change and health**. These topics are not about environmental science in isolation rather they are about translating climate-related exposures into concrete health risks and actionable adaptation strategies. Organisations working with population data, modelling, early warning systems or health-system preparedness will find that these calls are designed to move projects from analytical

research towards tools and frameworks that policymakers and healthcare providers can realistically use. [HORIZON-HLTH-2026-01-ENVHLTH-01,04,05; for 2027 – ENVHLTH-02, MISSCLIMA-03]

A particularly interesting and lucrative call is the call for Virtual Human Twin (VHT) for personalized and informed data driven healthcare decision making for disease diagnosis and prevention, to take us into the future of medicine. While fully dedicated VHT call are scheduled for 2027 (HORIZON-HLTH-2027-03-TOOL-04).

Across all the Health Cluster topics, evaluators will consistently ask not only:
"Is this scientifically sound?" **but** ***"Who will actually use the results?"*** **If your project can answer that question clearly, the Health Cluster is designed to accommodate it.**

From a practical perspective, most Health Cluster projects enter at TRL 3-4 under Research and Innovation Actions (RIA) or TRL 5-6 under Innovation Actions (IA) and are expected to exit with an increase to TRL 5-6 for RIAs and 7-8 for IAs. The call for **Horizon Europe Cluster 1: Health (2026 Work Programme)** opens in February 2026, with a submission deadline of **16 April 2026**, and typical project budgets range from **€5–10 million**, with larger envelopes for certain topics. Some calls have their deadlines in 2027 as well. Although the formal minimum is three partners from three EU or associated countries, most competitive consortia are considerably larger and include research organisations, companies, hospitals and public bodies.

A useful self-check here is simple. Ask yourself:
"Do I genuinely need clinical, technical and societal expertise working together?"
If yes, Horizon Health is likely the right arena.

EU Cancer Mission – Dedicated Oncology Calls

Cancer is treated not as just another disease area, but as a mission requiring coordinated progress across prevention, diagnosis, treatment, survivorship and quality of life which is the purpose of EU Cancer Mission in essence. So, if your work is clearly oncology-focused, the EU Cancer Mission offers a more targeted route than the general Health Cluster.

Across the 2026 Cancer Mission Work Programme, there is a shift towards **digital**, **data-intensive and AI-enabled approaches** that move beyond exploratory research and towards tools that can realistically support clinical decision-making. Rather than funding isolated modelling exercises, the Mission increasingly targets the integration of clinical data, multi-omics and advanced analytics to improve diagnosis, treatment stratification and patient management. This reflects a broader EU push to ensure that digital innovation in oncology delivers tangible value in real clinical settings.

The trend is reflected in most Cancer Mission calls. The calls are generally based on understanding cancer, its early detection and prevention. For instance, the call on Virtual Human Twin (VHT) Models for Cancer Research (HORIZON-MISS-2026-02-CANCER-01). This call seeks integration of multi-omics, AI-enabled predictive technologies, and in silico testing to ensure personalized prevention. Another such call is Microbiome for early cancer prediction before the onset of disease (HORIZON-MISS-2026-02-CANCER-02) that supports projects working on pre-disease biomarker discovery and AI-driven risk stratification.

These calls are particularly relevant if your work sits at the intersection of biology, data science and longitudinal patient monitoring. The expectation is not immediate deployment, but a clear step beyond discovery towards validated risk models or prevention strategies.

Clinical research optimizing diagnosis and treatment has a strong role in the work program. Aimed at providing more effective, tailored, and affordable clinical care options the call, Pragmatic clinical trials to optimise immunotherapeutic interventions for patients with refractory cancers (HORIZON-MISS-2026-02-CANCER-03) provides funding for projects designed to generate real-world evidence for hard-to-treat cancers, rather than tightly controlled experimental results.

Notably, the Cancer Mission also looks beyond survival. With the call for palliative care with personalized symptom management (HORIZON-MISS-2026-02-CANCER-04), this program signals that it favours patient-centred outcomes. It offers projects supporting mental health of young cancer survivors (HORIZON-MISS-2026-02-CANCER-05) and quality of life in older cancer patients (HORIZON-MISS-2026-02-CANCER-07). This highlights redesign of psychosocial interventions and services are valued at EU level.

In addition to these, there is a call for capacity building and international solidarity supporting Ukrainian cancer centres through staff exchange for training, and digital data infrastructure (HORIZON-MISS-2026-02-CANCER-07).

Most Cancer Mission projects enter around TRL 3–4 and exit at TRL 4-6 being RIAs, with some Innovation Actions (IA) having higher TRL requirements. All 2026 Cancer Mission calls close on **15 September 2026**, follow a single-stage procedure, and typically fund **€5–9 million per project**, with strong expectations around multinational consortia and clinical leadership.

European Partnership Calls

Co-funded European Partnerships in health are collaborative initiatives between the European Commission and national/regional funding agencies from participating countries. Unlike institutionalised partnerships, co-funded partnerships where both the EU

and national partners pool financial resources to support research and innovation in priority health areas.

So, the eligibility requires a transnational consortium with partners from at least three participating countries and the proposals are evaluated based on excellence, impact, and implementation quality. As these partnerships are financed in conjunction with national agencies, the maximum requested grant and funding rates vary depending on each country and/or the organisation type. On average, each proposal applies to a grant of **€1–1.5 million**. Project duration may vary between 1 and 3 years. calls are opened yearly by each co-funded partnerships and follow a two-stage application procedure.

The **EP PerMed RITC 2026** call is one of the most translational opportunities in the personalised medicine space. It targets projects that already have something tangible to demonstrate. The projects should focus on testing and demonstrating Multimodal Data Approaches for Personalised Medicine. Projects must enter at least at TRL 3 and are expected to exit at TRL 6–7 through real-world validation of multimodal, data-driven personalised medicine solutions. The pre-proposal deadline is **12 January 2026**, with full proposals due **27 April 2026**, and typical funding is around **€1–1.5 million per project**, depending on national rules. A strong consortium of enterprises, clinicians and researchers is essential.

The **EP PerMed JTC 2026** prioritizes personalised medicine for CARdiovascular, MEtabolic, and kidNey diseases (CARMEN2026). It supports early research in personalised medicine, typically entering at TRL 2 and exiting around TRL 4-5. The deadline is **2 Feb 2026** for pre-proposal and **9 June 2026** for full proposal, with funding around **€1–2 million per project**, although it is important to note that many national agencies do not fund SMEs under this scheme.

The **THCS JTC 2026 – Access to Care** call is not technology-driven at all. It follows a coordination- and support-action-like logic, focusing on policy, implementation research and reallocation of resources within health systems. With deadlines spread between February (pre) and June 2026 (full) and a total call budget of around **€35 million**, it is most relevant if your work addresses how care is organised and delivered rather than what technology is built.

The **ERDERA JTC 2026** focuses on rare and undiagnosed diseases and is a highly specialised, low-TRL call. Projects typically enter at TRL 2 and exit around TRL 4, with a pre-proposal deadline of **12 February 2026** and full proposals due **8 July 2026**. Consortia must include at least four partners and demonstrate strong methodological depth in areas such as functional validation, multi-omics or advanced AI.

The **EP OHAMR JTC 2026** focuses on assessing anti-microbial resistance (AMR) risks from veterinary and agricultural antimicrobial use, improve treatment adherence, and develop combination therapies to counter resistance. . It targets low-to-mid TRL projects entering at early translational stages and exiting around TRL 5–6, with short-proposal

being 02 Feb 2026 and a full proposal deadline on **17 June 2026** deadline with typical funding of **€1–2 million per project**.

Finally, the **Brain Health JTC 2026** unites 54 partners from 33 countries to advance brain health across the lifespan. Under this program, two EU co-funded calls are due to be launched - **Call 1** on neurological, mental and sensory disorders, and **Call 2** on neurodegenerative disorders, both supporting transnational research projects of up to three years through coordinated national and regional funding. These are exploratory and interdisciplinary by design, entering at TRL 3. Pre-proposals are due in March 2026, with full proposals due **30 June 2026**.

Innovative Health Initiative (IHI) – Call 12

IHI is not designed for early ideas. It is intended for large, ambitious, pre-competitive collaborations that require industry involvement from the outset. It is usually a single-stage RIA call under the Innovative Health Initiative (IHI), structured into five thematic topics, all evaluated and ranked in a single-stage process. The call allows for multiple projects to be funded per topic, subject to budget availability and ranking. Thematic topics include - Understanding the determinants of health, integration of fragmented health R&I efforts, people-centred, integrated healthcare solutions, digitalisation and data exchange in healthcare, assessing the added value of innovative integrated healthcare solutions.

What sets IHI apart is its funding model where more than 45% of eligible project costs must be provided as in-kind contributions by industry partners.

Projects typically enter at TRL 4–5 and exit around TRL 7–8, stopping short of market deployment but clearly demonstrating feasibility at system level. Total project sizes often range from **€10–30 million**, and although the formal minimum is three entities from three EU or associated countries, realistic IHI consortia are much larger and require strong governance and coordination.

IHI Call 12 is expected in **early 2026**. It is most suitable if you already have committed industry partners and are ready to operate at significant scale. If you are still assembling a network or refining your concept, IHI is usually premature.

Pandemic Preparedness Partnership – Looking Ahead

Although details are still emerging, the Pandemic Preparedness Partnership expected in 2026 is clearly oriented towards long-term readiness rather than crisis response. Its purpose is to help Europe better predict and respond to new infectious disease threats. Projects are expected to combine biological insights with social, behavioural and

environmental factors, and success will be measured not only in scientific outputs but in **readiness**. If your work plausibly reduces response time, improves coordination or prevents system overload in future crises, this partnership is worth watching closely.

European Innovation Council (EIC) – From Breakthrough Health Research to Market Entry

Not all healthcare innovation follows a large consortium model. For projects built around a single novel/breakthrough, and high-risk idea or a small, highly focused team, the European Innovation Council offers an alternative pathway which may be more appropriate than collaborative Horizon Europe calls. The EIC is designed to support **individual teams and companies** as they move from radical innovation to market readiness.

The **EIC Pathfinder** is the earliest entry point and is aimed at exploring fundamentally new ideas in health and life sciences. This includes breakthrough concepts in areas such as novel therapeutics, advanced diagnostics, bioengineering, AI for health, or entirely new approaches to disease understanding. Based on single application structure, projects typically enter at **TRL 1–2**, where scientific feasibility is still being explored, and are expected to exit around **TRL 3–4** with a validated proof of concept. Pathfinder projects are usually implemented by small consortia of research organisations, and while commercialisation is not immediate, the long-term innovation potential must be clear. Deadlines vary depending on the type of application. If you apply to **Pathfinder Open,** it is **12 May 2026** or if you apply for **Pathfinder Challenge,** it is **28 Oct 2026**. Each project, if successful, is eligible for up to **€3-4 million.**

If not sure where you wish to apply**, EIC Pathfinder Open** supports projects in any field of science, technology or application without predefined thematic priorities while **EIC Pathfinder Challenges (PC)** support coherent portfolios of projects within predefined thematic areas with the aim to achieve specific objectives for each Challenge.

If you are doing the R&D in healthcare, EIC PC offers “Biotechnology for Healthy Ageing” as one of the challenges. Here, the applicants must deliver a TRL 3 proof of concept in one of three areas: (1) biotechnology or pharmaceutical interventions targeting fundamental mechanisms of ageing, demonstrated in physiologically aged vertebrate models with a credible clinical and regulatory pathway; (2) biomarker-based tools built on existing ageing biomarkers (biomarker discovery excluded) that integrate multiple ageing parameters and are validated retrospectively in longevity cohorts; or (3) advanced New Approach Methodologies (NAMs) capturing the systemic nature of ageing and benchmarked against animal models for defined use cases. However, projects are required to consider sex and gender differences, exclude precision nutrition and wellness applications, and contribute to balanced scientific, regulatory and societal progress in healthy ageing.

If you already have promising results from an eligible, previously funded EU project, including EIC Pathfinder (and Horizon 2020 FET), ERC Proof of Concept, Horizon 2020 or Horizon Europe Research and Innovation Actions, eligible European Defence Fund research projects (civil or dual-use only), or Horizon research infrastructure projects., **EIC Transition** may be the logical next step. Transition focuses on maturing specific research outputs towards application, for example by validating a health technology, refining a prototype, or developing a credible pathway towards clinical or regulatory use. Projects typically enter at **TRL 3–4** and aim to exit around **TRL 5–6**. In healthcare, Transition is often used to bridge the gap between academic research and early clinical or industrial validation, especially for spin-outs or translational research teams. The application is single stage but includes an interview stage as well, if shortlisted. The deadline for 2026 applications is 16 September 2026. If successful, the funding rate is 100% with the selected projects receiving up to **€2.5 million** each.

The **EIC Accelerator** is the most commercially oriented instrument and is specifically designed for **start-ups and SMEs**. In the healthcare context, it supports companies developing breakthrough medical technologies, digital health solutions, diagnostics or therapeutics with clear market potential. Projects usually enter at **TRL 6** and are expected to progress towards **TRL 8–9**, including clinical validation, regulatory preparation and early market entry. Funding can include a combination of grants and equity, making the Accelerator particularly relevant for companies aiming to scale rather than simply validate. The applications are already open and the deadline for the final application is 16 December 2026. It has slightly different application structure. It's a 2-stage application where the applications do not have a fixed deadline. It can be submitted anytime and are evaluated on a regular cut-off basis throughout the year. You would need to be shortlisted to be invited to final stage of written application (4-6 weeks after short application is picked-up for evaluation). The short application includes pitch deck, technical description, and video pitch while full application includes a business plan with technical dossier, and interviews. While it sounds a bit complex, it is one of the most flexible funding programs not just in terms of deadlines but also in terms of grants. It provides **€2.5 million** per project as grant or you can seek an equity investment from **€0.5–15 million**. Another good thing is that the applicants can apply for grant only, or equity only or they can apply for a blended financing option that includes grant and equity.

While there exists EIC accelerator Challenges but for 2026 none of the challenges listed are relevant in healthcare sector. Also, without going into details **the EIC STEP Scale Up** is an equity-only instrument providing **€10–30 million** to scale SMEs and small mid-caps in strategic deep-tech, clean-tech and biotech, catalysing large private funding rounds to support global growth aligned with Europe's strategic priorities.

There is something new in the EIC program as well - EIC Advanced Innovation Challenge on New Approach Methodologies (NAMs), specifically Translating Disruptive NAMs into Practice. The challenge supports alternatives to animal testing, such as organoids, organ-

on-chip systems, digital twins and AI-based models, through a **two-stage scheme**: **Stage 1** (€300,000, up to 9 months, deadline **26 February 2026**) to validate and benchmark NAMs at **TRL 4**, and **Stage 2** (up to **€2.5 million**, up to 2.5 years, deadline indicatively **June 2027**, by invitation) to develop regulatory-ready prototypes reaching **TRL 6**.

A useful self-check for the EIC is to ask:
"Is my project built around a single breakthrough innovation that could create a new market or significantly disrupt an existing one?"

If the answer is yes, the EIC instruments may be a better fit than large collaborative programmes.

EUREKA / Eurostars – Applied Healthcare R&D Led by Innovative SMEs

For innovative SMEs looking for applied healthcare R&D funding without the scale and complexity of Horizon Europe or the commercial pressure of the EIC Accelerator, EUREKA and Eurostars provide a practical alternative that is more applied.

If you are an SME working on applied healthcare R&D and looking for a **lighter, more flexible alternative** to Horizon Europe, EUREKA, and in particular **Eurostars**, is often worth considering.

Eurostars supports **international, SME-led R&D projects** that are close to market but still require technical development and validation. In healthcare, this typically includes medical devices, digital health solutions, diagnostics, and enabling technologies for life sciences. Projects usually enter at **TRL 3–4** and aim to exit around **TRL 6**, where a functional prototype or validated solution is available.

Unlike Horizon Europe, Eurostars projects are smaller in scale and faster to set up. Consortia are typically limited to two or three partners from different countries, with the SME acting as project coordinator. Funding is provided by national agencies, which means eligibility rules and funding rates vary by country, but the overall administrative burden is often lower than for large EU consortia.

If your response to the question *"Do I need cross-border collaboration to develop our healthcare solution, but without the complexity of a large Horizon project?"* is yes, then Eurostars might for you.

For many healthcare SMEs, Eurostars acts as a **stepping stone**, either before moving into larger collaborative programmes such as Horizon Europe IA or IHI, or before pursuing scale-up funding through the EIC Accelerator.

You can find more details in our blog dedicated to Eureka.

EU4Health 2026 – Where Innovation Meets Health Systems

EU4Health is often described as an implementation programme, but the 2026 calls make that concept very concrete. This is not about pilot research rather it is about **system-level deployment** to reduce the burden of non-communicable diseases (NCDs) and modernize EU health systems.

A substantial part of the 2026 portfolio is expected to be dedicated to cancer screening programmes, including lung, prostate and gastric cancer. These calls expect applicants to enter with validated screening tools or protocols and exit with evidence that supports national or cross-national rollout.

Another expected strong theme is cardiovascular health and non-communicable diseases, particularly through data integration and AI-enabled risk prediction. Projects must demonstrate interoperability with existing health data infrastructures and alignment with the emerging European Health Data Space

EU4Health also supports orphan medical devices and paediatric innovation, especially where market incentives are weak. If you are an SME or clinical entity, this can be a crucial bridge from validated prototype to system adoption, including regulatory and organisational aspects

Finally, some calls focus on governance, transparency and access, such as pricing and reimbursement tracking or health-system coordination. These are particularly relevant if your organisation operates close to policy or health economics rather than product development.

Don’t chase calls, instead plan a pathway

Successful organisations rarely win a single isolated grant. They move deliberately from early research through validation and into deployment, using different instruments at different stages. The strongest strategy is not to ask *“Which call has the biggest budget?”* but *“What is the next logical step for our project?”*

How Nordic Innovators Can Support You

At Nordic Innovators, we help organisations decide where they fit, where to apply, and just as importantly, where not to apply. If you would like to discuss your project’s position and the most realistic funding route for the 2026 cycle, we would be happy to advise.